



## Idaho State Police, Cyber Crime Unit Evidence Submission/Receipt Form

Submitting Agency (Do not abbreviate)	Date Submitted	Agency Case Number	
Person Submitting Evidence	Telephone	Email Address	
Case Officer <input type="checkbox"/> Same As Submitter	Telephone	Email Address	
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input type="checkbox"/> (Mark one)		Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input type="checkbox"/> (Mark one)	
Last Name	First Name	Last Name	First Name
DOB	SSN	DOB	SSN
Date Seized	Type of Crime(s) (Please use plain language vs. criminal law code)		
Authority For Seizure and Examination (Check)			
Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Prob/Parole <input type="checkbox"/> Other			
Has Evidence Been Viewed/Accessed Since Seizure? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Explain including date and time of view/access)			

Service Requested
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Any known Username/Password:

ISP Exhibit #	Exhibit Description

Please prepare one form for each search site (address)

<b>CCU USE ONLY</b>	
ISP Case Number _____	
How Received:	In Person <input type="checkbox"/> VIA: _____
Received By:	Date: _____

\_\_\_\_\_  
Submitting Officer

\_\_\_\_\_  
Date